Clostridium difficile Infection (CDI) Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Utilize checklist to assess key elements and actions to ensure optimal antibiotic prescribing and limit overuse and misuse of antibiotics.				
Evaluate the use of antimicrobials among patients with CDI, and provide feedback to medical staff and facility leadership.				
Utilize a diagnostic test (e.g. a 2-step approach where indeterminate GDH/toxin results are f/u with confirmatory PCR or use DNA amplification test) that will enhance the sensitivity and specificity of diagnosing CDI to facilitate prompt diagnosis, isolation, and treatment.				
Establish a lab-based alert system to immediately notify the infection prevention team and providers of newly-identified cases of CDI; ensure the system includes holiday and weekend notification.				
Establish rules for when testing for <i>C. difficile</i> should be performed on patients with clinically significant diarrhea (e.g. 3 or more loose stools/day for at least 1-2 days).				
Establish a process for providing rapid results to patient care areas and providers to ensure isolation precautions are initiated promptly.				
Establish cleaning protocols for a cleaning solution that is effective against <i>C. difficile</i> spores.				
Utilize a monitoring system to evaluate and validate effective room-cleaning, and to provide feedback, reward and recognition to those responsible.				
Engage and educate patients, visitors, families, and community partners (e.g. home care agencies, nursing homes), to prevent CDI across the continuum of care.				
Establish and maintain an effective, creative, innovative, and engaging hand hygiene program.				





